<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  **No No N	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes No View of yes, complete and attach Schedule II.	i. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Status       Member of the U.S.       State: 1645       Officer or Employee         Status       House of Representatives       District: 7       Employee         Report Type       Annual (May 16, 2011)       Amendment		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
sactions, or liabilities of a spouse or dependent child be with the Committee on Ethics.	d certain other "excepted trusts" need not be disclosed.	MATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	E QUESTIONS	Employing Office:  Termination Date:	Daytime Telephone: (אול) רציז יצטיצי אלייצי אלייצי אלייציי ארייציי אלייציי אלייציי אלייציי אלייציי אלייציי אלייציי	Form A For use by Members, officers, and employees
ecause Yes No	Have you Yes No	HESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response.	ement with Yes No	re the date  Yes No	e any sporting Yes No No	e any g more Yes No 🗹		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	U.S. N. D'YE OF THE PLERK  U.S. N. D'YE OF THE PLERK  (Office Use Only)	LEGISLATIVE RESOURCE CENTER  7011 MAY 13 PM 3: 43

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## SCHEDULE I—EARNED INCOME

Name

Page 2 of

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							BELINDA (SOUSE) MEMBRIM BAPTOT CHIRCH (PORT TIME)	STATE OF TEXAS RETIREMENT ANNUITY	Ontario County Board of Education	Examples:   Civil War Roundtable (Oct. 2nd)		Keene State	Source	
-							Snowe saway	LEGIS LATINE POSISTENT	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
							\$ 7,200.00	#24,983.08	NA	\$1,000	\$9,000	\$6,000	Amount	

	Name \
	<b>Y</b>
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Page 3

# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enverlope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
_	-	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
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#### Asset and/or Income Source BLOCK A

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the

For rental or other real property held for investment, provide a complete address.

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tion in Block A. ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business

Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements

None

\$1 - \$1,000

\$1,001 - \$15,000

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Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

J'WIE OF 1EXES RETURNAT

Our Horse of Kome

CAVIC MAKE / 1865 COMECLIBRES

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#### Value of Asset **BLOCK B**

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

"None." generated income, the value should be year and is included only because it If an asset was sold during the reporting

if the asset generated no income dur-

disclosed as income. Check "None" gains, even if reinvested, must be

Dividends, interest, and capital Check all columns that apply. may check the "None" column. that generate tax-deferred income you to choose specific investments or retirement accounts that do not allow (such as 401(k) plans or IRAs), you Type of Income ξ

BLOCKC

was earned or generated. Dividends, interest, and capital gains, indicate the category of income by For retirement accounts that do not allow you to choose specific investments or as income. Check "None" if no income even if reinvested, must be disclosed the "None" column. For all other assets, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such checking the appropriate box below. Amount of Income BLOCK D reporting year. exchanges (E) purchases (P) \$1,000 in exceeding sales (S), or asset had Indicate if the **Fransaction** BLOCKE

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				Ŀ	ē		\$15,001 - \$50,000	
			Z			×	\$50,001 – \$100,000 m	
	*	X	7	×			\$100,001 - \$250,000	
			140				\$250,001 – \$500,000 °	
							\$500,001 - \$1,000,000 T	
							\$1,000,001 - \$5,000,000	
							\$5,000,001 - \$25,000,000	]
							\$25,000,001 – \$50,000,000 ×	
			. 1				Over \$50,000,000	
							NONE	Ę
-			W.			×	DIVIDENDS	g g
				×			RENT	
							INTEREST	ing the reporting period
			*			×	CAPITAL GAINS	l gri
							EXCEPTED/BLIND TRUST	Peric
	Kenore	(Nevie)			Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
		<b>,</b> ,					None –	was
			1.00				\$1 - \$290 =	S ea
		<u> </u>			_		\$201 - \$1,000 =	T Table
	1		11 13			×	\$1,001 - \$2,500 ₹	was earned or generated
							\$2,501 – \$5,000 <	gen
		I		×			\$5,001 <b>-</b> \$15,000 ≤	era
	73	Z	*				\$15,001 <b>-</b> \$50,000 ≦	<u>g</u>
	10						\$80,001 -\$100,000 <u></u>	
					×		\$100,001 - \$1,000,000 \(\overline{\times}\)	
							\$1,000,001 - \$5,000,000 ×	
							Over \$5,000,000 ≚	
		(HOME)	SAUE.			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	reporting year.
	-		•					-

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None > \$1-\$1,000 ₪ \$1,001-\$15,000 □ \$100,001-\$250,000 □ \$250,001-\$100,000 □ \$1,0001-\$25,000,000 □ \$250,001-\$25,000,000 □ \$250,001-\$25,000,000 □ \$250,001-\$25,000,000 □ \$250,000 □ \$250,000 □ \$250,000 □ \$250,000 □ \$250,000 □ \$250,000 □ \$250,000,000	<b>SC</b>	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)  BLOCK A  Asset and/or Income Source Value of Asset	"UNEARNED" INCO
None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$550,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000	SP.		<b>B</b>
\$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$1 \$250,001 - \$1 \$500,001 - \$1 \$1,000,001 - \$1	i R		
			\$1 \$1,000 \$1,001 \$1
		or China	

Report any or dependerly held in action. Exadren, or the ates rental cate (i.e., 'Capital Ga of \$200, chill."	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so Indicate (I.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.  P. DC, JT  Asset  Example: Mega Corporation Common Stock (partial sale)  Livic was Kandur Flents Courcibles	PURCHASE S	PURCHASE  Of Transaction  Type  EXCHANGE	EXCHANGE S	Check Box if Capital Gain Exceeded \$200	MO/DAY/YR)  Or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000 >	× \$15,001- \$50,000 <b>c</b>	\$50,001- \$100,000 C	\$100,000 C		\$500,001- \$1,000,000	\$500,001- \$1,000,000 P S5,000,000 P S5,000,000 P S5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001-	\$25,000,000	\$25,000,001- \$50,000,000 Over
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#### SCHEDULE V— LIABILITIES

Name Page\_

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during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by autohobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your shouse) or dependent child. Mark the highest amount owed

						SP, DC, JT
				American Express	Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred Mo/Year
	***			REJOUNT CREDIT	Mortgage on 123 Main St., Dover, DE	Type of Liability
				メ		\$10,001- \$15,000
		_	, <u>-</u>			\$15,001- \$50,000
						\$50,001- \$100,000
					×	\$100,001- \$250,000 D
						\$250,001- m \$500,001
						\$1,000,000
						\$5,000,000 F \$5,000,000 T
						\$25,000,000 <b>\$25,000,001-</b>
<b>!</b>	1			L		\$50,000,000

#### SCHEDULE VI— GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

_	T	_	r	Т	
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: L'HE HELLAN GLORIA Roycroft Corporation Chicago Chamber of Commerce 16-111-10 Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination—
City of Return DC-Los Angeles-Cleveland OC \$ CHELOTIESVICUE, VA DC—Chicago—DC Lodging? (Y/N) ~人 ~ z Food? (Y/N) ≺ z Was a Family Member Included? z Number of days <u>not</u> at sponsor's expense とうとう 2 Days None

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

			Position	
	A sale		Name of Organization	

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

			Date	
	Thorn		Parties To	-
			Terms of Agreement	